

UTILITY PATENT APPLICATION TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 006769.P001
(maximum 12 characters)

First Named Inventor David Hooper, et al.

Title: METHOD AND SYSTEM FOR CALENDAR-BASED IMAGE ASSET ORGANIZATION

Express Mail Label No. EV341060293US

ADDRESS TO: **Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. **Fee Transmittal Form (e.g., PTO/SB/17)**
(Submit an original and a duplicate for fee processing)
2. **Applicant Claims Small Entity Status. (37 CFR 1.27)**
3. **Specification (Total Pages 21)**
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table,
or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. **Drawings(s) (35 USC 113) (Total Sheets 5)**
5. **Oath or Declaration (Total Pages 4)**
 - a. Newly Executed (Original or Copy)
 - b. Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 18 completed)
 - i. **DELETIONS OF INVENTOR(S)** Signed statement attached deleting
inventor(s) named in the prior application, see 37 CFR 1.63(d)(2)
and 1.33(b).
 - c. Unsigned.
6. **Application Data Sheet. (37 CFR 1.76)**
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (c ver sh et & docum nts(s))
10. Separate 37 CFR 3.73(b) Statement (where there is an assignee)
 b. Power of Attorney
11. English Translation Document (if applicable)
12. a. Information Disclosure Statement (IDS)/PTO-1449 (or PTO/SB/08)
 b. Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17A. Other: _____

17B. Pursuant to 37 C.F.R. 1.136(a)(3), applicant(s) hereby request and authorize the U.S. Patent and Trademark Office to (1) treat any concurrent or future reply that requires a petition for extension of time as incorporating a petition for extension of time for the appropriate length of time and (2) charge all required fees, including extension of time fees and fees under 37 C.F.R. 1.16 and 1.17, to Deposit Account No. 02-2666.

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet Under 37 C.F.R. 1.76:

Continuation Divisional Continuation-in-part (CIP)
Of Prior Application No.: _____ Examiner _____ Group Art Unit _____
(which is a continuation/ divisional/ CIP of prior application no. _____,
which is a continuation/ divisional/ CIP of prior application no. _____) (List entire chain of priority)
Applicant(s): Also include a Preliminary Amendment to amend the specification to claim priority.
For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. Correspondence Address
Customer Number or Bar Code Label _____
here) or (Insert Customer No. or Attach Bar Code Label
 Correspondence Address Below
NAME James C. Scheller
ADDRESS BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
CITY Los Angeles STATE California ZIP CODE 90025
Country U.S.A. TELEPHONE (408) 720-8300 FAX (408) 720-8383

Name (PRINT/TYPE): James C. Scheller Registration No.: 31,195
Signature: J. Scheller Date: August 20, 2003

FEE TRANSMITTAL FOR FY 2003

TOTAL AMOUNT OF PAYMENT (\$) **\$1758.00**

Complete if Known:

Applicant Name _____

Filing Date _____

First Named Inventor David Hooper

Group Art Unit _____

Examiner Name _____

Attorney Docket No. 006769.P001

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666
Deposit Account Name _____

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed: Check
 Money Order
 Other

FEE CALCULATION

1. BASIC FILING FEE

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1) \$ 750.00			

2. EXTRA CLAIM FEES

	<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims <u>62</u>	<u>- 20** = 42</u>	<u>X 18.00</u>	<u>= 756.00</u>
Independent Claims <u>6</u>	<u>- 3** = 3</u>	<u>X 84.00</u>	<u>= 252.00</u>
Multiple Dependent			<u>=</u>

**Or number previously paid, if greater; For Reissues, see below.

Large Entity Small Entity

<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee Description</u>
Code	(\$)	Code	(\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) \$ 1008.00				

FEE CALCULATION (continued)

3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	
Code	Fee (\$)	Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1814	110	2814	55
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,300	1454	1,300

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 00.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: James C. Scheller

Signature : James C. Scheller Date: August 20, 2003

Reg. Number: 31,195 Tel phone Number: (408) 720-8300